

Special Meeting of the
West Virginia Health Innovation Collaborative
June 19, 2014
Notes

Guest Speaker: Chris Koller, President of the Milbank Memorial Fund

Present: Aila Accad, Julie Palas, Nancy Sullivan, Jeff Wiseman, Nancy Atkins, Ted Cheatham, Gerry Stover, Laura Boone, Jim Kranz, John Marks, Sharon Carte, Amanda McCarty, Anne Williams, Taya Williams, Chris Clark, Tim Hazelett, Lesley Cottrell, Dave Campbell, Larry Malone, Tadd Haynes, Karen Fitzpatrick, Jason Roush, Lorenzo Pence, Sharon Lansdale, Ronald English, Crystal Welch, Phil Weikle, Amy Weintraub, Terri Bliziotis, Renate Pore, Phil Shimer, Dana Singer, Mark Drennan, Georgia Narsavage, James Becker, Debbie Waller, Dan Foster

22 on Conference Call

This is a special meeting of the Better Health, Better Care, and Lower Cost workgroups.

Nancy Sullivan welcomed everyone and Dr. James Becker introduced Chris Koller, Milbank Memorial Fund President, and a former Health Insurance Commissioner in Rhode Island. The Milbank Memorial Fund work decision makers and leaders to the best policies and programs to improve population health. His job in Rhode Island was to review health insurance rates. This is a special meeting of the Better Health, Better Care, and Lower Cost workgroups.

Mr. Koller shared a powerpoint presentation with the group. The presentation was sent to the WV Health innovation Collaborative members in advance of the meeting.

- States that have more affordable insurance rates have good primary care systems.
- One of the challenges is to educate people that we spend more money on health care than any other countries, but have a lower life span.
- Life expectancy is not determined by medical care, but by health care. We are pouring money into medical and not health care. Primary care is the lynch pin.
- Put money into primary care, specifically, patient centered medical home. Patient centered medical home is a good proxy for an excellent primary care physician.
- Professionals who go through the patient centered medical home training say they are better practitioners because of it.
- Starts will individual incentives to providers to provide patient centered medical home. Challenge the payers, providers, and states to come together and work out a system that does not violate anti-trust regulations.
- Pay for improvement, pay for process, pay for outcomes.
- Easier to get Medicaid and PEIA to agree than it is to get Medicare and private payers.
- Multi-payer alignment is the key. WV has rate settings for hospitals. Easier to do around primary care than any other system.
- The money is with the chronically ill. Must decide whether to pay \$4 for every patient, or \$10 for the chronically ill.

- Starting with quality measures is the easiest start. Payers data is different payer by payer. Can improve quality scores quicker. Have to pay someone to extract the data. It is a great way for the practice to learn.
- Someone must put money up to see the improvement.
- Must have a real leader. For all groups to do something, we need a neutral person to lead the fight like the Governor's Office or Medicaid.
- Other states: Vermont - Governor's Office Blueprint for Health; PA – Governor's Office; NC – Medicaid; Maine – "Quality Counts"
- WV has an old fashion health care concept. Need to have a leader to make the change. Possibly the Health Care Authority.
- United States spends six percent on primary care.
- Reduce ER, reduce admissions, increased primary care satisfaction. For information, there is an article in Governing Magazine which Mr. Koller wrote.
- More money from specialty care to primary care
- Small dollars in comparison to other systems.
- Highmark is a real leader in Pennsylvania's all payer initiative. Each region participated differently. Pennsylvania gave each provider a \$1000k for one year, but hard to transform for just one disease. Not effective, too targeted and too fragmented. Focused too much on FQHC certification. Committed to keep improving.
- Can learn from others – Milbank, NASHP, other states.
- Patient centered medical homes need to increase. The concept has to grow. It is a direction, not a destination yet.
- Important to take payers concerns as legitimate.
- This is very important work and will require changing things and making commitments. A lot of people want to make improvements in WV. Mr. Koller is happy to help.

WV is looking forward to change!!

Dr. Becker thanked Mr. Koller and informed the group that Mr. Koller would stay around and answer questions.